Roberts Rules of Order

- Quorum is 50%+1
  - Need quorum to make decisions

- Decisions made through motions
  - Making a motion
  - Seconding the motion
  - Debate (if needed)
  - Vote
  - Announcing results

- One person: one vote
- Voting limited to members present
Background
2011 Health Care Environment

Broken Healthcare System

Advanced Imaging Management Project

Bree Collaborative

Low Quality

High Cost

Bad Outcomes

Little Equity
Background
Members and Topic Selection

Identify health care services with high:
• Variation
• Utilization
Without producing better outcomes

House Bill 1311

Public Purchasers

Private Purchasers (Employers)

delivery Systems and Hospitals

QI Organizations

Physicians

Health Plans

22 Members

State of Washington 42nd Legislature 2013 Regular Session
By HOUSE Health Care & Wellness Originally sponsored
Representatives Snyder, Zirkelbach, Bailey, Green, Clisby, Applegate,
Muller, Foulk, Bagley, and Stevenson

Health Plans

Public Purchasers

Private Purchasers (Employers)

Delivery Systems and Hospitals

QI Organizations

Physicians

22 Members
Developing Recommendations

- Reimbursement Models
- Transparency/Tracking
- Centers of Excellence
- Shared Decision Making
- Existing Guidelines
- Published Evidence
- Programs and Policies

Clinical Committee
- Meeting Monthly for 9-12 Months

Public Comment

Recommendations to improve health care quality, outcomes, and affordability

WA State Agencies

Broader Health Care Community
28 sets of recommendations + 4 being developed

- **Pain (Chronic and Acute)**
  - Collaborative care for chronic pain (2018)
  - Low back pain management (2013)
  - Opioid prescribing metrics (2017)
  - Opioid prescribing for postoperative pain (2018)
  - Opioid prescribing in dentistry (2017)
  - Long-term opioid prescribing management (2019)

- **Behavioral Health**
  - Integrating behavioral health into primary care (2016)
  - Addiction and substance use disorder screening and intervention (2014)
  - Suicide care (2018)
  - Treatment for opioid use disorder (2016)
  - Prescribing antipsychotics to children and adolescents (2016)
  - Risk of Violence to Others (2019)

- **Oncology**
  - Oncology care (2015)
  - Prostate cancer screening (2015)

- **Procedural (surgical)**
  - Bundled payment models and warranties:
    - Total knee and total hip replacement (2013, re-review 2017)
    - Lumbar fusion (2014, re-review 2018)
    - Coronary artery bypass surgery (2015)
    - Bariatric surgery (2016)
  - Hysterectomy (2017)
  - Data collection on appropriate cardiac surgery (2013)

- **Obstetrics**
  - Obstetric care (2012)
  - Maternity Bundle (2019)

- **Aging**
  - Advance care planning for the end-of-life (2014)
  - Alzheimer’s disease and other dementias (2017)

- **Palliative Care (2019)**
- **Hospital readmissions (2014)**
- **LGBTQ health care (2018)**
- **Shared Decision Making (2019)**
Developing the Guidelines Reproducible Process

- Identify problem(s)
- Develop framework
  - Clear, based in evidence
- Inclusions v exclusions
- Guideline has to be attractive to clinicians, payers, and patients
- Collaboration always means compromise
Key Points

• Bottom-up approach
• Iterative process – identifying gaps in expertise – new members
• Patient and community voice
• Standardization v individualized medicine
• Involve primary care

• Guideline development v implementation
2020 Topics

- Chemotherapy
- Colorectal Cancer
- Primary Care
- Reproductive Health Care
Open Public Meetings Act

- Required of Bree Collaborative meetings and workgroup meetings
- Allows the public to view decision-making process

- Training
Roster

### OPEN GOVERNMENT/RECORDS TRAINING ROSTER

**Course Subject(s) (check all that apply):**

- Open Public Records Act Training (RCW 42.56)
- Open Public Meetings Act Training (RCW 42.30)
- Records Retention/Management Act Training (RCW 40.14)

**Course Title(s):**

**Organization(ies)/agencies providing training:**

**Trainer(s):**

**Format (in person, online, webinar, etc.):**

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Conflict of Interest Form

Participant Conflict Disclosure

Permanent and ad hoc members of the collaborative or any of its committees may not have personal financial conflicts of interest that could substantially influence or bias their participation. If a collaborative or committee member has a personal financial conflict of interest with respect to a particular health care service being addressed by the collaborative, he or she shall disclose such an interest. The collaborative must determine whether the member should be recused from any deliberations or decisions related to that service.

Conflict of Interest decisions must be disclosed and balanced to ensure the integrity of Bree Collaborative decisions while acknowledging the reality that interests, and sometimes even conflicting interests, do exist. Individuals that stand to gain or lose financially or professionally, or have a strong intellectual bias need to disclose such conflicts.

Example: The fact that a member is a health care provider that may provide a service under review creates a potential conflict. However, clinical and practical knowledge about a service is also useful, and may be needed in decision making.

Procedure
Members must sign a conflict of interest form. The Bree Collaborative Chair and/or Bree Collaborative Steering Committee shall make a decision as to whether a conflict of interest rises to the level that participation by the conflicted member could result in a loss of public trust or would significantly damage the integrity of the decision.

The Health Care Authority (HCA) defines conflict of interest as any situation in which a voting member has a relationship with a manufacturer of any commercial products and/or provider of services discussed or voted on during the meeting. Relationship extends to include immediate family member(s).

A relationship is considered as:
1. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of $10,000.
2. Equity ownership in excess of 5%.
3. Status as an officer, employee, or consultant of a company, association or interest group.
Proposed Work Plan

• Monthly meetings starting in January
• Present Roster and Charter January
• Engage experts, talk through barriers, review evidence + best practice
• Final product Fall 2020